Application or Docket Number 10/506260

Effective October 1, 2003

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CLAIMS AS FILED - PART I									. ENTITY		ОТН	ER THAN
TOTAL CLAIMS			(Colu	(Column 1)		(Column 2)		TYPE		<u> </u>		L ENTIT
								RATE			RATE	
FOR .				NUMBER FILED		NUMBER EXTRA		BASIC F	EE	Oi	BASIC FE	E 921
F	OTAL CHARG	EABLE CLAIMS	18.	minus 20=		• —		XS 9:	=	OF	XS18=	
├-	DEPENDENT			3. minus 3 =		<u> </u>		X43=		OF	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OF	-290=	
* If the difference in column 1 is less than zero, enter "0"						column 2	Ł	TOTAL		OF	`L	620
CLAIMS AS AMENDED - PART II									- L			R THAN
(Column 1) (Column 2)						(Column 3)		SMAL	ENTITY	OR		ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI TIONA FEE		RATE	ADDI- TIONA FEE
NON	Total	•	Minus	**		=		XS 9=		OR	X\$18=	
ME	Independent	•	Minus	***		=	T	X43= ·		OR	X86=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.145		7	+290=	
								+145=		OR	+29U=	
								DIT. FEE		JOR	ADDIT. FEE	
		(Column 1) CLAIMS		(Column HIGHES		(Column 3)	Γ-		LADDI	7 1		1 4001
AMENDMENT B		REMAINING AFTER AMENDMENT		PAID FO	SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	.]	RATE	ADDI- TIONAL FEE
NON NO	Total	•	Minus	** '		= '		X\$ 9=		OR	X\$18=	
A ME	Incependent	•	Minus	***		=		X43=		OR:	X86=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT C	LAIM			145=		1	+290=	
							Ľ	TOTAL	٠.	OR	TOTAL	
(Column 1) (Column 2) (Column 3)								DIT. FEE	<u> </u>	JOR ,	ODIT. FEE	
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A INCINCINE OF THE PARTY OF THE		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBER PREVIOUS PAID FOI	R SLÝ	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	×	\$ 9=		OR	X\$18=	
	ndependent	•	Minus	***		=	1	(43=		-	X86=	
7	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							145=		OR		
tf t	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	
	the "Highest Nun The "Highest Nun	TOTAL IT. FEE			TOTAL DOIT. FEE							
· Tr	e *Highest Numl	ber Previously Paid	For (Total or	Independent)	is the h	nighest number fo	i bauc	n the app	opriate box	in colur	na 1.	·